

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND   |                                   |   |                   |               |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-------------------|---------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/27</u>  |                                   | 2 Serial/Patent # _____   |                   |               |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                                   |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED   | 6 AMOUNT      |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                                     | Filing                            |   |                   | \$ <u>414</u> |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Amendment                         |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Extension of Time                 |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Notice of Appeal/Appeal           |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Petition                          |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Issue                             |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Cert of Correction/Terminal Disc. |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Maintenance                       |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Assignment                        |   |                   | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Other                             |   |                   | \$            |   |   |    |   |   |   |   |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                   | \$ <u>414</u> |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:  |                   |               |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | Treasury Check  |                   |               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                                     | Overpayment                       | Credit Deposit A/C #:   |                   |               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table> |                   |               | 1 | 6 | -- | 2 | 2 | 3 | 0 |
| 1   | 6                                 | --  | 2                 | 2             | 3 | 0 |    |   |   |   |   |
| <input type="checkbox"/>  | No Fee Due (Explanation):         |   |                   |               |   |   |    |   |   |   |   |
|   |                                   |   |                   |               |   |   |    |   |   |   |   |
|   |                                   |   |                   |               |   |   |    |   |   |   |   |
|   |                                   |   |                   |               |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY: _____   |                                   |   |                   |               |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>D. Bates</u>                                     |                                   |   | TITLE: <u>Lie</u> |               |   |   |    |   |   |   |   |
| SIGNATURE: <u>D. Bates</u>  |                                   |   | PHONE: _____      |               |   |   |    |   |   |   |   |
| OFFICE: <u>COLPE</u>  |                                   |   |                   |               |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                   |                                   |   |                   |               |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>  |                                   | DATE: <u>6/30/00</u>  |                   |               |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

06/30/2000 KHARLING 00000031 09592462

01 FEE:108 690.00 OP  
02 FEE:105 156.00 OP  
03 FEE:110 462.00 OP

Edln. Ref: 06/30/2000 KHARLING 0007503300  
DAH:162230 Name/Number:09592462  
FC: 704 \$414.00 CR

PTO-1556  
(5/87)